

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	15X	10801	12/13
O.I.P.E. CLASSIFIER			12-1-99
FORMALITY REVIEW	BD	00989	12/17

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date											
Final	Original	1	2	3	4	5	6	7	8	9	10	
4		✓										
5			✓									
6				✓	✓	✓	✓	✓	✓	✓	✓	0
7												
8					✓	✓	✓	✓	✓	✓	✓	0
9						✓	✓	✓	✓	✓	✓	0
10							✓	✓	✓	✓	✓	✓
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If more than 150 claims or 10 actions
staple additional sheet here

Claim	Date											
Final	Original	1	2	3	4	5	6	7	8	9	10	
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